

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>013236</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/18/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>NORTH WOODS VILLAGE AT EDISON LAKES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1409 E DAY ROAD</b> <b>MISHAWAKA, IN 46545</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p><b>INITIAL COMMENTS</b></p> <p>This survey was for the Investigation of Complaint IN00150126.</p> <p>Complaint IN00150126 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: June 17-18, 2014</p> <p>Facility number: 013236 Provider number: N/A AIM number: N/A</p> <p>Survey team: Honey Kuhn, RN</p> <p>Census bed type: Residential: 21 Total: 21</p> <p>Census payor type: Other: 21 Total: 21</p> <p>Sample: 3</p> <p>North Woods Village at Edison Lakes was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00150126.</p> <p>Quality Review 06/18/14 by Lisa McColly</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE